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	Application No.	10/810,444
/I	Filing Date	March 26, 2004
filing)	First Named Inventor	David M. Colleran
	Art Unit	2817
	Examiner Name	Mis, David C
15	Attorney Docket Number	4363P005C
		Filing Date filing) First Named Inventor Art Unit Examiner Name

ENCLOSURES (check all that apply)					
Fee Transmittal	Form	Drawing(s)	After Allowance Communication to TC		
Fee Attack	hed	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Re	eply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Fina Affidavits/	l declaration(s)	Petition to Convert a Provisional Application	Proprietary Information		
Extension of Tim	ne Request	Power of Attorney, Revocation Change of Correspondence Address	Status Letter		
Express Abando	nment Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):		
Information Disc	losure Statement	Request for Refund	Return postcard. Copy of Declaration Under 37 CFR		
PTO/SB/08		CD, Number of CD(s)	1.63(d) (4 pgs).		
Certified Copy of Priority Document(s)		Landscape Table on CD			
Response to Missing Parts/ Incomplete Application		Remarks			
Basic Filing Fee Declaration/POA					
Response Parts und 1.52 or 1.	e to Missing er 37 CFR 53				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm	Robert B. O'Ro	urke, Reg. No. 46,972			
Individual name	or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
Signature	Signature				
Date	ate 6/18/07				
CERTIFICATE OF MAILING/TRANSMISSION					
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Typed or printed name Carla Vignola					
Signature			Pate 0-18-0		

JUN 2 1 2007 Complete if Known EE TRANSMITTAL Application Number 10/810,444 for FY 2006 Filing Date March 26, 2004 First Named Inventor David M. Colleran Patent fees are subject to annual revision. **Examiner Name** Mis, David C Applicant claims small entity status. See 37 CFR 1.27. 2817 4363P005C Art Unit

TOTAL A	MOUNT OF	PAYMEN	T	(\$) 250.00	Attorney Docket No.	4363P005C		
METHOD OF PAYMENT (check all that apply)								
□Check □Credit card □ Money Order □None □Other (please identify):								
Deposit A	Account D	eposit Ac	count N	Tumber: <u>02-2666</u> D	eposit Account Name: <u>Blal</u>	cely, Sokoloff, Taylor &	z Zafman	LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments							ICC	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.								
FEE CALCU	LATION							
	- 1'1	0	C 1'4					
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Fee Code	Fee (\$)	Code	(\$)	Fee Descripti	on		Fee	Paid
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1052	50	2052		•	e provisional filing fee	or cover sheet.		
2053	130	2053	130	•	•			
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1254	1,590	2254	795	Extension for re	ply within fourth mon	th		
1255	2,160	2255	1,080	Extension for re	ply within fifth month		,	
1401	500	2401	250	Notice of Appea	al			
1402	500	2402	250	•	support of an appeal			
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1806	180 790	1806 1809			Information Disclosure			
1809	790 790	2810		•	on after final rejection ((b))	
1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b)) Other fee (specify) Statutory Disclaimer Fee				130.00				
Cure (cpcomy)					250.00			
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SUBMITTI	D BY		7 1			Complete	(if applica	ble)